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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester First Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0307 Deer Park Elem 15 Flathead Elementary Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 2 1501 No Peterson, Bea M 2.30

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	_

No

No

Bukoski, Steve & Laura

Berosik, John & Heidi

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

1.50

1.10

DUE
DATES

3

2391

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 15 Flathead 0308 Fair-Mont-Egan Elem Elementary Contract District Daily # of Days Transported # # Shared Family's Name Rate 3 2363 No Dana, John & Jennifer 0.40 3 2364 No Evert, Pam & Mark 0.65 3 2365 Lewis, Craig & Jane No 0.00 3 Moore, Michael & Mary 2366 No 1.05 3 2367 Reed, Elizabeth No 1.50 3 2368 No Robinson, Ray & Diana 0.25 3 Toporcer, Krista & Mark 2369 No 0.25 3 2370 VanArtsdale, Mark & Denise 1.50 No 3 2371 No Waller, John & Amy 0.00 3 2389 Brinkerhoff, Don & Donna No 2.00 3 2390

0	PI	

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

0.00

State	
District	
County	

DUE
DATES

4

2392

No

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 0309 Swan River Elem 15 Flathead Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 4 1343 No Yocom, Audrey 1.10 4 1425 No Boots, Lynn 1.00 4 1427 Cox, Caryle A 5.50 No 1428 Jochen, David & Jessica 4 No 2.10 1429 Lafever, Cara 4 No 0.75 4 1430 No Luna, Brenda 1.50 2374 Boots, Lynn 4 No 1.00 4 2375 Caldwell, Lisa G 1.00 No

TR-5 (1/05) Page 1

Zumwah, Laura

PI

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0310 Kalispell Elem 15 Flathead Elementary Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 5 2269 No Sutton, Richard P 1.25



0311 Flathead H S

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

of Days Transported

DUE
DATES

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

High School

Daily

Rate

0.50

2.25

0.50

6.85

4.50

3.50

1.45

0.50

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning		, 20	and ending		, 20
	month	day		month	day
OTT TO 1					

CERTIFICATION:

15 Flathead
District | Contract

5

5

5

5

5

5

5

5

1449

1450

1678

2267

2268

2270

2356

2358

Yes

No

Yes

No

No

No

Yes

Yes

Shared

The information on this form is complete and accurate to the best of my knowledge.

	Date	Signature, Chair, Board of Trustees	
ľ	County:	District:	District Level:

Family's Name

5	1431	Yes	Baer, Laura	0.12	
5	1432	No	Gamma, Joe & Dianne	1.00	
5	1433	Yes	Greskowiak, Mike	1.00	
5	1434	Yes	Hansen, Montana	1.00	
5	1435	No	Hauser, Lorna	3.50	
5	1436	No	Holmes, Julie	1.50	
5	1437	No	Leatzow, Mark	1.50	
5	1438	No	Lee, Tracy	0.00	
5	1439	No	Linne', Jennifer	2.00	
5	1440	Yes	McDonald, Dora	2.75	
5	1441	No	Meador, Cynthia	2.50	
5	1442	Yes	Osterday, Marcy	1.00	
5	1443	No	Peterson, Theresa	1.65	
5	1444	Yes	Pilling, Helen	0.87	
5	1445	No	Reavis, Terri	2.60	
5	1446	Yes	Reed, Christing	0.42	
5	1447	No	Stensland, Margie	1.75	
5	1448	No	Stukey, Faye	1.75	

TR-5 (1/05) Page 1

Wallace, Debbie

McPhee, Julie

Wenthold, Jeannette

McCallum, Sandra L

Burns, Elizabeth

Barnes, David

Peck, Marjorie

Edwards, Robert & Lisa

0	PI	

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0313 Columbia Falls H S **High School** Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 6 1668 No Meeks, Vera Gail 2.75

0	PI	

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0317 Cayuse Prairie Elem 15 Flathead Elementary Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 10 1277 No Raiman, Debie 0.50



School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning		, 20	and ending	, 20	
	month	day	month	day	
CEDTIFICATION.					

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Signature, Chair, Board of Trustees	
District:	District Level:
	Signature, Chair, Board of Trustees District:

15 Flathead			0323 Kila Elem	Elementary	
District		a	7 11 12	Daily	# of Days
#	1431	Shared	Family's Name	Rate	Transported
20		Yes	Baer, Laura	0.13	
20	1433	Yes	Greskowiak, Mike	1.00	
20	1434	Yes	Hansen, Montana	1.00	
20	1440	Yes	McDonald, Dora	2.75	
20	1442	Yes	Osterday, Marcy	1.00	
20	1444	Yes	Pilling, Helen	0.88	
20	1446	Yes	Reed, Christing	0.43	
20	1449	Yes	Wallace, Debbie	0.50	
20	1451	No	Allen, Raechel	1.00	
20	1452	No	Andrews, Judy	0.25	
20	1454	No	Baker, Tommy	3.25	
20	1455	No	Beland, Mariane	0.65	
20	1456	No	Benjamin, Jennifer	0.50	
20	1457	No	Black, Heidi	1.45	
20	1458	No	Carlson, Risa	0.90	
20	1459	No	Derby, Carrie	0.50	
20	1460	No	Egley, Bulinda K	1.50	
20	1461	No	Frary, Caroline	1.00	
20	1462	No	Gamble, Charles	1.00	
20	1463	No	Golden, Anita	1.25	
20	1465	No	Groshelle, Roger	1.65	
20	1466	No	Grosswiler, Joe & Dawn	0.85	
20	1468	No	Hauser, Albert	3.60	
20	1469	No	Holt, Deborah	9.00	
20	1470	No	Irlbeck, Chris & Kimberly	2.00	
20	1472	No	Metcalfe, Amy & David	1.50	
20	1473	No	Meyer, Jason & Kathy	2.50	
20	1474	No	Mills, Joletha	2.05	
20	1475	No	Mullen, Nancy	6.00	
20	1476	No	Oakson, Wendy	1.50	
20	1478	No	Pike, Kelly	3.25	



School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _		, 20	and ending	, 20	
	month	day	month	day	
CEDETELCATION					

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

15 Flathead	0323 Kila Elem	Elementary
County:	District:	District Level:
Date	Signature, Chair, Board of Trustees	

13 11	imeau		0323 Kila Elelli	Liementary	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
20	1479	No	Pulse, Robin S	0.40	
20	1480	No	Rapp, Ginger	3.00	
20	1481	No	Rensel, Michelle M	1.25	
20	1482	No	Rhodes, Laura H	6.75	
20	1483	No	Schuck, Pam	1.10	
20	1484	No	Smith, Julie	1.50	
20	1485	No	Webb, Shane & Christine	1.00	
20	1486	No	Yogerst, John	1.00	
20	1670	No	Kelly, Julie S	0.25	
20	1671	No	Kaplanian, Lisa	2.25	
20	1672	No	Howe, Glenda	1.00	
20	1673	No	Contantine, Jessica	1.00	
20	1674	No	Brown, Ginny	6.55	
20	1675	No	Brown, Ann	2.00	
20	1676	No	San Roman, Joyce	3.00	
20	1677	No	McElwain, James & Theresa	0.45	
20	1678	Yes	McPhee, Julie	0.50	
20	2291	No	Hoelstad, Wendy	0.50	
20	2292	No	Frech, Cynthia	2.00	
20	2293	No	Bucholz, Amber L	2.95	
20	2354	No	Paddock, Tracy	1.50	
20	2355	No	Gray, Tricia	0.75	
20	2356	Yes	Barnes, David	1.45	
20	2358	Yes	Peck, Marjorie	0.50	
20	2423	No	Schuck, Chris	7.50	

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 15 Flathead 0324 Smith Valley Elem Elementary Contract District Daily # of Days Transported # Shared Family's Name Rate 89 1272 No Hagel, Jack & Sharon 0.25 Baier, Catherine R 89 1273 No 2.00 89 1274 No Holling, Thomas 2.35 89 1275 Garrison, Eugene No 1.50 89 1276 Hagel, Jack & Sharon No

0	PI

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

Second Semester May 24 to State Superintendent

First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0325 Pleasant Valley Elem Elementary Contract District Daily # of Days Transported # # Shared Family's Name Rate 27 1487 No Maxey, Harold 1.50 Stevens, Gale 27 1488 No 1.00 27 1489 No Salyer, Sharon 1.75

PI

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** May 10 to County Superintendent February 1 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0330 Bigfork Elem 15 Flathead Elementary Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 38 1679 No Reid, Lisa 4.50

0	PI	

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0334 Whitefish Elem Elementary Contract District Daily # of Days Transported # Shared Family's Name Rate 44 1490 No Allen, Cheri 5.50 Borland, Jennifer 44 1491 No 5.50 44 1492 No Sargent, Terry 4.00 Schuck, Chris & Pam 44 1666 No 7.25 2299 Schuck, Chris & Pam 7.25 44 No

0	PI	

44

2161

No

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

1.00

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0335 Whitefish H S **High School** District Contract Daily # of Days Transported # Shared Family's Name Rate 44 1254 No Phillips, Jami 1.00 44 1493 No Cherrington, Lynn A 0.90 44 1669 No McRell, Dennis & Betty 6.15

TR-5 (1/05) Page 1

Erickson, Carol

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0341 Marion Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 54 1494 No Holmes, Julie 2.50 O'Dell, Holly 54 1495 No 0.25 54 1496 No Palmer, Sharon 2.50 54 Palmer, Sharon 2433 1.25 No

0	PI	

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0342 Olney-Bissell Elem Elementary Contract District Daily # of Days Transported # Shared Family's Name Rate 58 1497 No Larson, Erika & Tom 9.25 Vorhies, Eric & Rene 58 1667 No 3.25 58 2342 No Engebretson, Vickie 6.00 Nagler, Jon & Roxann 58 2343 1.50 No



School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning	, 20	and ending	, 20		
	month	day	month	day	

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees	
County:	District:	District Level:
County:	District:	District Level:

15 Flathead			1184 West Valley Elem	Elementary	
District	Contract	GI I	7. 7.1.37	Daily	# of Days
#	1253	Shared	Family's Name	Rate	Transported
1		No	Willis, Shirley	1.00	
1	1297	No	Ambrose, Hilary R	0.25	
1	1298	No	Amundson, Douglas	0.25	
1	1299	No	Baker, Janie	0.75	
1	1300	No	Barstow, Kim	1.00	
1	1301	No	Blandford, Barbara S	0.75	
1	1302	No	Bly, Danny	1.00	-
1	1303	No	Boyd, Debbie	0.60	
1	1344	No	Briner, Adrienne	1.00	
1	1345 1346	No	Brown, Sylvia	0.75 0.45	
1	1346	No No	Brown, Julie		
1			Byle, Cheryl	0.40	
1	1348 1349	No No	Cameron, Dwandi	0.25	
1			Card, Sarah	0.50	
1	1350	No	Carda, Kurt	4.80	
1	1351	No	Carey, Michelle	1.50	
1	1352	No	Chamberlain, Shannon	1.55	
1	1353	No	Connolly, Mary M	0.25	
1	1354	No	Creighton, Reuben	1.00	
1	1355	No	Dalton, Connie	0.50	
1	1356 1357	No No	Davis, Kristi M	2.50 0.70	
1			Ditton, Del		
1	1358	No	Dulin, Greg & Cathy	0.30	
1	1359	No	Fitzsimmons, Laura L	3.60	
1	1360	No	Funk, Barbara W	1.50	-
1	1361	No	Gassaway, Sharon	0.50	
1	1362	No	Glasman, Amy	0.75	
1	1363	No	Gregoire, Amy D	1.30	
1	1364	No	Grinde, Lori	0.60	
1	1365	No	Grinde, Lori	0.30	
1	1366	No	Haave, Dawn	0.50	



School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE
DATES

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning	g	, 20	and ending	, 20	
	month	day	month	day	
CEDETECATION					

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

15 Flathead	1184 West Valley Elem	Elementary
County:	District:	District Level:
Date	Signature, Chair, Board of Trustees	

12 11	uneaa		1164 West Valley Elem	Elementary	
District			- n. v	Daily	# of Days
1	1367	Shared No	Family's Name Handy, Barbara	Rate 0.50	Transported
			•		
1	1368	No	Hanson, Katherine E	0.70	
1	1369	No	Hanson, Katherine	0.35	
1	1370	No	Hayes, Sherri	0.50	
1	1371	No	Healy, Nancy	0.75	
1	1372	No	Heidegger, Susan	0.65	
1	1373	No	Hoppner, John	2.80	
1	1374	No	Hubbard, Shauna	0.50	
1	1375	No	Hunt, Debra	0.75	
1	1376	No	Hunt, Robert	1.50	
1	1377	No	Jeffords, Robert C	1.00	
1	1378	No	Johnson, Julie	0.25	
1	1379	No	Jones, Virginia	2.75	
1	1380	No	Karboski, Judy	1.25	
1	1381	No	Kierstead, Wendy	1.50	
1	1382	No	King, Rene'	2.50	
1	1383	No	King, Rene'	1.25	
1	1384	No	Krueger, Jessica	1.25	
1	1385	No	LaCroix, Judi M	1.25	
1	1386	No	Levanen, Karrie	1.05	
1	1387	No	Levanen, Karrie L	0.53	
1	1388	No	Libby, Katrina	0.70	
1	1389	No	Long, Erin	1.00	
1	1390	No	Lynch, Nicole D	0.50	
1	1391	No	Marino, Carol	0.50	
1	1392	No	Martin, Elizabeth	1.10	
1	1393	No	McLellan, Lisa & Kent	0.25	
1	1394	No	Miletich, Sherri M	0.75	
1	1395	No	Montini, Michelle	0.35	
1	1396	No	Morigeau, Clayton	1.50	
1	1397	No	Ogle, Terri S	0.30	



School District Claim for State Reimbursement for Individual and Isolated Transportation

State	L
District	
County	

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning		, 20	_ and ending	, 20	
	month	day	month	day	
CEDTIFICATION.					

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

	15 Flathead	1184 West Valley Elem	Elementary
I	County:	District:	District Level:
	Date	Signature, Chair, Board of Trustees	

12 11	Flathead 1184 West Valley Elem		Elementary		
District		GI I	7. 7.1.37	Daily	# of Days
1	1398	Shared No	Family's Name Patton, Debbie	Rate 0.25	Transported
	1398				
1	1400	No	Pavliuk, Natalia	1.00	
1		No	Pearson, Barbara A	1.25	
1	1401	No	Pederson, Barbara K	0.75	
1	1402	No	Peiffer, Rita	0.80	
1	1403	No	Rasmussen, Grant	1.00	
1	1404	No	Rasmussen, Mindie K	0.75	
1	1405	No	Reed, Erin	0.55	
1	1406	No	Richmond, Marla K	1.20	
1	1407	No	Roberts, Marcy	1.00	
1	1408	No	Schlegel, Denise	0.75	
1	1409	No	Schwager, Mark J	0.25	
1	1410	No	Smith, Robert A	0.80	
1	1411	No	Stene-Bailey, Anna	0.75	
1	1412	No	Tikka, Sharon	0.75	
1	1413	No	Tikka, Sharon	0.38	
1	1414	No	Trimble, Kim	0.35	
1	1415	No	Tutvedt, Linda	0.50	
1	1416	No	Tutvedt, Michelle	1.00	
1	1417	No	Tutvedt, Michelle	0.50	
1	1418	No	Underwood, Sheryl	1.00	
1	1419	No	Venturini, Tina	0.25	
1	1420	No	Wallner, Nicole	0.25	
1	1421	No	Ward, Janice A	1.50	
1	1422	No	West, Debra	0.75	
1	1423	No	Widden, Anna M	1.50	
1	1424	No	Wiherski, Tami	0.25	
1	1426	No	Caldwell, Lisa C	1.00	
1	1681	No	Cabral, Leila	0.50	
1	1682	No	Abernathy, Joy	1.35	
1	1683	No	Abernathy, Joy	0.68	



School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning		, 20	and ending	, 20	
	month	day	month	day	
CHE THE CALL THE CALL					

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees	
County:	District:	District Level:

15 Flathead	1184 West Valley Elem	Elementary
D: 4: 4 C 4 4		D. 1

District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1684	No	Abernathy, Kristi	1.15	Transported
1	1685	No	Abernathy, Kristi	0.58	
1	1686	No	Acheson, Julie	0.60	
1	1687	No	Bankhardt, Erin	1.00	
1	1688	No	Canning, Nichole	1.75	
1	1689	No	Carper, Lynn	2.50	
1	1690	No	Danielson, Kellie	1.00	
1	1691	No	Ditton, Del	0.60	
1	1692	No	Farnhan, Shelby	0.35	
1	1693	No	Greeman, Kendra	0.75	
1	1694	No	Miletich, Carol	0.65	
1	1695	No	Morgan, Shane & Wendy	0.75	
1	1696	No	Muonio, Krissa	1.00	
1	1697	No	Orr, Gregory	0.40	
1	1698	No	Sandler, Karen E	0.25	
1	2256	No	Erickson, Belinda	0.25	
1	2257	No	Erickson, Belinda	0.50	
1	2258	No	Fields, Kimberly	3.30	
1	2259	No	Fields, Kimberly	1.65	
1	2345	No	Butterfield, Kathy	0.65	
1	2362	No	Killian, Billy D	1.50	
1	2416	No	Canning, Nichole	0.88	
1	2417	No	Willis, Shirley	0.50	
1	2418	No	Muonia, Krissa	0.50	